

Leominster Recreation Department
Miscellaneous Programs 2006-2007

The Recreation Department is hosting a variety of programs this coming fall and winter. Please use this registration form to sign-up for youth program, adult program, etc. Please write in the program you are registering for. Registrations are done on a first-come first served basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

Program:					
Cost:					

TOTAL COST: _____

Participant Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

OFFICE USE ONLY: Date: _____ Check #: _____ Amount: _____ Cash: _____ Receipt #: _____

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Mother's Name: _____ () Mother's Phone #: _____
() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____
() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____
Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____
ANY SPECIAL MEDICAL CARE? _____
ACTIVITY RESTRICTIONS: _____
MY CHILD HAS PERMISSION TO WALK/RIDE BIKE TO PLAYGROUND:
YES ___ NO ___
MY CHILD CAN BE PICKED UP ONLY BY (other than parent)
1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.
___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.
___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)
Sign Here: Parent/Guardian: _____

Date: _____

Non-Resident Fee: Add \$5.00 per program. THIS FORM MAY BE DUPLICATED.
LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453